

Cash _____ Check _____
(Check one)

Oper # _____
DENR Use Only

SOUTH DAKOTA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

APPLICATION FOR OPERATOR CERTIFICATION THRU RECIPROCITY

INSTRUCTIONS TO APPLICANTS:

Application must be received by the Secretary at least FOUR WEEKS before the Board of Operator Certification meeting. Fax application to 773-5286 or mail application to:

Rob Kittay-Secretary
Board of Operator Certification
Lower Level-Foss Building
Pierre, SD 57501-3181

Each application must be accompanied by a check or money order for \$10.00 made out to "DENR".

GENERAL INFORMATION (Print legibly and fill out completely):

1. Name _____
Last First Middle

2. Home Mailing Address _____

3. Employer _____

4. Phone _____ Fax _____

5. South Dakota Certificate Desired

Category (Circle one)	Water Treatment	Water Distribution
	Wastewater Treatment	Wastewater Collection
	Stabilization Pond (Class I only)	
	Small Water Treatment System (Class I only)	

Level (Circle one) I II III IV

6. Certificate Now Held _____ From Which State _____

Applications for certification thru reciprocity are reviewed on a case-by-case basis by the Board of Operator Certification. Requirements for the certificate presently held are compared to the requirements to hold the desired certificate in South Dakota. A copy of the certificate presently held should be included with the application.

EDUCATION AND TRAINING

School	Grade Completed	Location	Dates Attended	Date Grad.
High School	7 8 9 10 11 12			
College	13 14 15 16 17 18			

College major was _____

List other educational courses completed such as vocational school, correspondence school, operators' short courses, etc. Give date, name, and location of such courses.

EXPERIENCE

Present Position Title _____ Date Employed _____

Supervisor Name and Title _____

Give complete description of duties performed at your present job.

List other job experience which you feel will pertain to your certification qualifications.

Dates	Employer and Location	Describe Job Duties

Class III and IV examinees only-Describe your direct responsible charge qualifications including dates

I hereby certify that this application contains no willful misrepresentations or falsifications, and that the information given is true and complete.

Signature _____ Date _____

Supervisor Signature _____ Date _____